

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 091898234 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

8122725

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
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40						
41			1			
42			1			
43						
44						
45			4			
46			1			
47			1			
48			1			
49						
50			7			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		7				
52		7				
53		1				
54		7				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
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100						
TOTAL IND.		4				
TOTAL DEP.		46				
TOTAL CLAIMS		50				